



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit 2145
Examiner: Bhatia, Ajay M.

In Re: Karen Eleanor Board et al.
Case: P3016
Serial No.: 09/881,331
Filed: 06/13/2001
Subject: System and Service for Receiving, Customizing, and Re-
Broadcasting High-Speed Financial Data to Users
Operating Wireless Network-Capable Devices

To: The Commissioner of Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir,

Response A

12/15/2004 YPOLITE1 00000022 09881331

01 FC:2202

275.00 OP



12-13-04

IFN 2105#

Method of Transmission: EV607296235US

CASE DOCKET NO. P3016

In reference to application of Karen Eleanor Board et al.

Serial No. 09/881,331

For System and Service for Receiving, Customizing, and Re-Broadcasting High-Speed Financial Data to Users Operating Wireless Network-Capable Devices

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☐ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☒ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	53	Minus	** 42	11	\$ 25	\$ 50	\$ 275.00
Indep Claims	4	Minus	*** 4	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 275.00

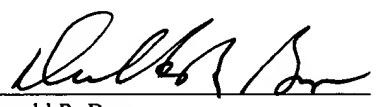
** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

- ☒ A check in the amount of 275.00 is attached.
☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)
☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted, Donald R. Boys
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